

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pro	eviously filed state	ement for the o	calendar year 2	2007.	
	LEGISLATOR II	NFORMATIO	N		
Name Richard D Mailing address	30115			Member of: House District	☐ Senate
City, zip code Berwick	ME	0390	1 0	Phone 7 - 698	-1526
PART 1. INCOM	E DERIVED FRO	M EMPLOYM	ENT BY ANOT	THER	
List the name and address of each employ principal type of economic activity of each er	yer from whom yo mployer	ou received c	ompensation c	of \$1,000 or mo	ore. Specify the
Name of Employer		Address		Activity of	pe of Economic of Employer
Rick Burns carpentry Services	P.O.B.	& YO K, BE	03901	Carpen	dry.
		MATERIA SERVICIO DE CONTROLO C	and the stabilist and the stab		
	and the state of t		tidan ann 2000 - 1994 (1994)		
For the state of t	OME DERIVED F r Legislators who	are self-emplo	oyed.)		
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and ership, firm, profes	d list the majo ssional associ	or areas of eco ation, or simila	onomic activity ar business enti	from which you ty, list the major
Name and Address of Business Entity		or Areas of Eco (self)	nomic Activity	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: Services Address: 2.0. Ber 40 Berwick	19901	carp	entry	car.	futig
Name: Address:		The second secon			,
	<del>,</del>				

PART 2 (continued). INCOME DERIVED FROM SELF-EMPL (For Legislators who are self-employed.)	.OYMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the the entity or person from whom the income was derived.	ou derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of y	our firm.
Name and Address of Firm Major Areas of F (self)	Practice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4, OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include:	ude gifts. If none, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Regtal Apartment	10
Name: Rental Apertment.  Address: 55 School Streat	Last
Name:	
Address:	
PART 5. REPORTABLE LIABILITIES  List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the bo	
└ Li None	Desiral Tax of Daylors
Name and Address of Creditor	Principal Type of Economic Activity of Greditor
Name:	
Address:	A SAN CARE CARE CARE CARE CARE CARE CARE CARE
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of mone, check the box	ore than \$300 from a single source. If
None	
Name of Source of Gift Name of 3.	of Source of Gift
2. 4.	e Samenda (n. 1871). E e e e e e e e e e e e e e e e e e e

NAME:		The state of the s		and the second	ľ	DATE:	-		Victor of the control	
ADDRESS:	STOCK AS A						-	<del>oo oo </del>		
	200		ADI	DITIONAL IN	IFORMATION					. El
Please provide information you	any additional are providing.	information bel	low (and c	on additiona	sheets if nee	eded). I	ndicate th	e part or s	ection n	umber for the
Part/Section Number			And the second s		All Property and Commence of the Commence of t		niki dab olasada memir ni-dibor			
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PART 7. REPO	<u> </u>			<u>- 1                                   </u>
List the source of any honoraria accepted for appearances or s	speeches rela	ted to	our off	ficial duties. If none, check the box.
None	de toto to at the property was the	Test and a	-	
Name of Source of Honoraria	ing an analysis of the second	žs	N	ame of Source of Honoraria
1.	3.			
2.	4.	CONTRACTOR ACCOMMENTAL		
CW 25 3 5 4 5	· · · · · · · · · · · · · · · · · · ·		2	
PART 8. REPRESENTAT		< .		N A 499
List each executive branch agency before which you represer the box.	iled of assist	iea oin	ers for	compensation of any amount. If none, or
None		To Carlot San San Carlot	,	
Name of Agency	-/			Name of Agency
1.	3.			
2.		**************************************	-	
	4.			
PART 9. BUSINES	S WITH ST	ATE A	GENC	DIES .
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	of your imme	diate fa	mily so	old goods or services with a value in exce
None				2 .
Name of Agency			E Z	Name of Agency
1,	3.			
2.				
	4.			
PART 10. INCOME RECEIVED				
List the type of economic activity representing each source of (ren) during the reporting period and the kind of income representation of the control of the	income of \$ ented. Do no	1,000 c ot inclu	r more de gifts	received by your spouse or dependent . Circle "S" for income received by spous
		. Cir	cle	
Type of Economic Activity Representing Source of Income R	Received		priate ter	Kind of Income
1. Antiques		S	D	Business
2.		S	D	
3.		S	D	
4.	T	S	D	
SI	GNATURE			
A Legislator who willfully fails to file a required statement i	is subject to	a fine	of \$10	O per business day until the report is

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

1/*9/09* Date